



# 2010 Medical Plan Election Period

(for non-Medicare retirees)

Oct. 19 – Nov. 6, 2009

## Don't make the No.1 enrollment mistake

The biggest mistake you can make during the medical-plan election period is to do nothing. By taking advantage of all the communications and tools, plus reviewing your personal situation and benefit needs for 2010, you will:

- Determine which medical plan is best for you.
- Increase your understanding of your medical plan so you can get the most value for your money.

### TIP:

Start doing something now. Review your healthcare claim history. It will help you predict future costs, which, in turn, can help you in making your medical-plan choice for next year.

- Go to [www.bcbst.com](http://www.bcbst.com) for medical and prescription-drug claims
- Go to [www.medcohealth.com](http://www.medcohealth.com) for prescription-drug claims only.

**TVA non-Medicare retirees can select their medical plan for 2010 from Oct. 19 – Nov. 6.**

The choice will be in effect throughout calendar year 2010. You must be enrolled in a TVA medical plan to participate in the election period. And, if you have individual coverage now, you may not elect family coverage now.

## The following changes will be effective Jan. 1, 2010:

**The Consumer-Directed Health Plan, or CDHP, will have two changes.**

**1** The CDHP is a qualified high-deductible health plan. The Internal Revenue Service indexes the deductible amounts of an HDHP every year. Annual deductibles will be increased to \$1,200/individual and \$2,400/family from the current \$1,150/individual and \$2,300/family.

**2** The family out-of-pocket maximum will be determined differently. If an individual in a family contract meets the individual out-of-pocket maximum, the CDHP plan will pay 100 percent for covered services for that individual for the remainder of the plan year. Currently, all of the family out-of-pocket maximum must be met before any family member's covered services are paid at 100 percent. The in-network out-of-pocket calendar year maximums are \$4,500/individual and \$9,000/family.

**The Health Savings Account, or HSA, offered in conjunction with the CDHP option, will have four changes.**

**1** TVA's contributions to the HSA will increase to \$600/individual and \$1,200/family from the current \$500/individual and \$1,000/family. You decide

whether or not you want to make additional contributions to your HSA, up to the maximum annual limit.

**2** The maximum annual HSA contribution from all sources will increase to \$3,050/individual and \$6,150/family from the current \$3,000/individual and \$5,950/family. The IRS mandates these amounts.

**3** The HSA trustee will change to HSA Bank, a division of Webster Bank, N.A., Member FDIC. The HSA trustee holds account balances, receives and records contributions, and processes distributions. TVA contributions to the HSA will be made to HSA Bank. See "Health savings account" on page 10 for more information.

**4** If you open an HSA with HSA Bank, the administration fee that will be automatically deducted from your HSA will be \$1.75/month any time your account balance is under \$3,000. If your account balance is \$3,000 or more, you will not be charged the administration fee. This is a decrease from the \$2.25/month fee current account holders pay regardless of their account balance.

**There will be a new vision-plan administrator.**

The administrator of the vision-care plan will change to Davis Vision. Davis Vision will administer the vision plan benefits for retirees enrolled in the Copayment or 80% PPO plans. Retirees enrolled in the CDHP do not have coverage for vision care, but will continue to be eligible for vision-care discounts through Davis Vision.

You will receive a welcome kit from Davis Vision in late December if enrolled in a TVA medical plan in 2010. Your welcome kit will include your ID cards, benefit plan information and a personal provider list of network providers near you.

There are no significant changes to the vision plan in-network benefits; however, the provider network is changing. For more information, call 1-877-923-2847 or visit [www.davisvision.com](http://www.davisvision.com), select the open enrollment option and enter control code 7396 (for Copayment or 80% PPO medical-plan members) or 7397 (for CDHP medical-plan members).

**All medical-plan members will be sent a new, redesigned BlueCross BlueShield of Tennessee member ID card.**

Watch for your ID card to arrive at your home before January.

## MEDICAL PLAN OPTIONS FOR 2010

Your medical-plan choices for 2010 are:

Copayment PPO, 80% PPO or CDHP. Due to favorable claims experience, there will be a decrease in the CDHP premiums. Claims experience resulted in slight to moderate increases in the 80% PPO and Copayment PPO options.

The 2010 monthly premiums shown in the chart are the total premiums and do not reflect any pension supplement or contribution you may receive to help offset the cost of your medical coverage.

If your medical coverage payment is deducted from your monthly pension benefit, you will see a change in the deduction amount on the check you receive at the end of December 2009. This is the deduction for January 2010 coverage.

2010 MEDICAL PLAN PREMIUMS		FOR COMPARISON PURPOSES
Medical Plan Options	2010 Monthly Premium	2009 Monthly Premium
<b>Copayment PPO</b>		
Individual	\$833	\$800
Family	\$1,581	\$1,518
<b>80% PPO</b>		
Individual	\$561	\$536
Family	\$1,028	\$983
<b>CDHP</b>		
Individual	\$276	\$316
Family	\$527	\$602

**TIP:**

Use the health-plan comparison tool at [www.bcbst.com](http://www.bcbst.com) to see your estimated medical costs for each of the plans.

- Click Self Service, Members, TVA employees, then Health Plan Comparison
- Enter TVARET2010 (all uppercase) for the Group ID and Authentication ID
- Click Go.

COMPARISON OF MEDICAL BENEFIT PLANS						
Benefits	Copayment PPO		80% PPO		Consumer-Directed Health Plan	
HSA (Health Savings Account)	—		—		TVA Contribution: \$600 Individual/\$1,200 Family	
HSA Maximum Contribution (all sources)	—		—		\$3,050 Individual/\$6,150 Family No Rollover Limits	
HSA Administration Fee	—		—		\$1.75/month automatically deducted from your HSA if account balance is under \$3,000 \$0 fee if balance is \$3,000 or over	
Annual Deductible In-network and out-of-network expenses are combined	None		\$300 Individual/\$600 Family		In-Network: \$1,200 Individual contract \$2,400 Family contract Out-of-Network: \$2,000 Individual contract \$4,000 Family contract	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Office Visit	\$25 copayment	70% Plan pays 30% You pay	80% Plan pays 20% You pay	70% Plan pays 30% You pay	80% Plan pays 20% You pay	60% Plan pays 40% You pay
Emergency Room Visit	\$100 copayment	70% Plan pays 30% You pay	80% Plan pays 20% You pay	70% Plan pays 30% You pay	80% Plan pays 20% You pay	60% Plan pays 40% You pay
Inpatient Service	\$500 copayment	70% Plan pays 30% You pay	80% Plan pays 20% You pay	70% Plan pays 30% You pay	80% Plan pays 20% You pay	60% Plan pays 40% You pay
Outpatient Service	\$200 copayment (surgery)	70% Plan pays 30% You pay	80% Plan pays 20% You pay	70% Plan pays 30% You pay	80% Plan pays 20% You pay	60% Plan pays 40% You pay
Out-of-Pocket Maximum	\$1,500 Individual	\$3,000 Individual	\$2,500 Individual	\$5,000 Individual	\$4,500 Individual	\$9,000 Individual
In-network and out-of-network expenses are combined	\$3,000 Family	\$6,000 Family	\$5,000 Family	\$10,000 Family	\$9,000 Family	\$18,000 Family
Preventive Care Allowance	\$500 annual allowance, not subject to deductible, copayment or co-insurance		\$500 annual allowance, not subject to deductible, copayment or co-insurance		\$500 annual allowance, not subject to deductible, copayment or co-insurance	
Mental Health Inpatient	See inpatient benefits above; limit 60 days per person per calendar year		See inpatient benefits above; limit 60 days per person per calendar year		See inpatient benefits above; limit 60 days per person per calendar year	
Outpatient	In-network: \$25 copayment per visit Out-of-network: plan pays 70%; limit 60 visits per person per calendar year		See outpatient benefits above; limit 60 visits per person per calendar year		See outpatient benefits above; limit 60 visits per person per calendar year	
Covered Prescription Drugs (Administered through Medco Health) Generic	\$10 copayment		\$10 copayment		Covered 80% after deductible. Minimum of \$10 to be paid by patient; maximum of \$100 to be paid by patient	
Preferred Brand	\$24 copayment		\$28 copayment		Covered 80% after deductible. Minimum of \$24 to be paid by patient; maximum of \$100 to be paid by patient	
Non-Preferred Brand	\$39 copayment		\$43 copayment		Covered 80% after deductible. Minimum of \$39 to be paid by patient; maximum of \$100 to be paid by patient	
Mail-Order Pharmacy	2x retail copayment for up to a 90-day supply		2x retail copayment for up to a 90-day supply		2x retail minimums and maximums for up to a 90-day supply	
Vision Care (in network)	\$10 copayment exam every 12 months		\$10 copayment exam every 12 months		NOT AVAILABLE	
Lenses	\$10 copayment every 12 months		\$10 copayment every 12 months		NOT AVAILABLE	
Frames (every 2 years)	\$10 copayment up to \$100, then 80% of amount over \$100		\$10 copayment up to \$100, then 80% of amount over \$100		NOT AVAILABLE	
Contacts	\$10 up to \$115 allowance per year		\$10 up to \$115 allowance per year		NOT AVAILABLE	

**This is a summary of benefits and explains the plans in general terms. For more information on the plan documents, call the TVA Service Center.**  
 \* Payments are based on allowable fees for covered services as determined by BlueCross BlueShield of Tennessee. When out-of-network providers are used, you may also be responsible for paying any amount charged beyond the allowable fee.

**TIP:**

Comparison charts also are available at [www.bcbst.com](http://www.bcbst.com). Click on Self Service, Members, TVA employees, then Plan Details. You also can find answers to frequently asked questions by clicking on “How Do I... .”

## ENROLLMENT PLANNING RESOURCES

What do you need?	Where to get assistance	How to reach them
General benefits and enrollment information	TVA Service Center	1-888-275-8094   865-632-8800 Knoxville   423-751-8800 Chattanooga 1-800-848-0298 (TDD/TTY-TN Relay Service)
Benefit-plan details and enrollment information	Retiree Web site	www.tvaretirees.com
Health Plan Comparison Tool Medical Plan Information or Claims History	BlueCross BlueShield of Tennessee	1-800-245-7942   www.bcbst.com
Prescription-drug information My Rx Choices Tool or Claims History	Medco Health	1-800-818-0890   www.medcohealth.com
Vision-care information	Davis Vision	1-800-999-5431 (if a member)   1-877-923-2847 (if not a member) www.davisvision.com
Supplement to Medicare Plan Prescription-drug questions	Medco Health	1-800-592-4520 (Supplement to Medicare plan members only)
Health Savings Account details and enrollment information	HSA Bank	1-800-357-6246 www.hsabank.com/tva (available beginning the week of Oct. 13)

### NOTE THESE DATES

**NOW** — Review your personal situation and benefit needs for 2010. Find information on [www.tvaretirees.com](http://www.tvaretirees.com) by clicking on Health Care Benefits.

**WEEK OF OCT. 5** — Try out different scenarios using the Health Plan Comparison Tool available at [www.bcbst.com](http://www.bcbst.com).

**WEEK OF OCT. 13** — Read the Medical Plan 2010 booklet mailed to retirees' homes.

**OCT. 19 — NOV. 6** — Medical Plan Election Period for 2010 — Decide which medical plan you want for 2010.

**NOV. 12** — Deadline for the TVA Service Center to receive your election form.

### DON'T MAKE THE MISTAKE OF DOING NOTHING ...

- If you have coverage now and don't submit an election form during the election period, you will be automatically enrolled in the same medical plan with the same level of coverage — individual or family — you had in 2009.
- If you, your spouse or an eligible dependent becomes eligible for Medicare before age 65, you must notify the TVA Service Center.
- You must open an HSA if you are enrolled in the CDHP medical option for 2010 in order to receive TVA's HSA contribution. Look for information that will be included with your Medical Plan 2010 booklet to learn how to enroll in the HSA.
- If you have not received your Medical Plan 2010 booklet by Friday, Oct. 23, call the TVA Service Center to request another booklet. The booklet also will be available on [www.tvaretirees.com](http://www.tvaretirees.com).

### ELECT YOUR MEDICAL PLAN OCT. 19 - NOV. 6 BY RETURNING YOUR ELECTION FORM.

**The TVA Service Center must receive your election form by Nov. 12.**

You cannot change your medical-plan election after Jan. 1, 2010. If you cancel your TVA medical coverage, you will not be allowed to enroll in a TVA medical plan in the future.

## SPECIAL SECTION FOR MEDICARE-ELIGIBLE RETIREES

### When you become eligible for Medicare

TVA provides a Supplement to Medicare plan. When you or a covered dependent becomes eligible for Medicare at age 65, your medical-plan coverage will automatically be transferred to TVA's Supplement to Medicare plan. Any dependent(s) not eligible for Medicare will stay in the plan you select for next year.

You must notify the TVA Service Center if you or one of your covered dependents becomes eligible for Medicare before age 65 so your enrollment and premiums can be adjusted correctly.

### Are you already a member of the TVA Supplement to Medicare plan?

**If so, here is some important information:**

- Medicare Part D (prescription drug) coverage will still be provided through TVA's Supplement to Medicare plan in 2010. Members do **not** need to enroll in another Medicare Part D plan when these plans begin enrollment in November for 2010.
- If you want to continue your Supplement to Medicare coverage in 2010, you do **not** have to take any action. Your coverage will automatically continue in 2010.

- If you decide to cancel your Supplement to Medicare coverage, you will be canceling both the medical and prescription-drug portions of the plan. Coverage for all dependents will be canceled also. Once coverage is canceled, you (or dependent) will not have another opportunity to enroll in a TVA-sponsored retiree medical plan.
- There may be changes in medications covered for 2010. If you are currently enrolled in the Supplement to Medicare plan, you will receive an informational letter in November from Medco Health outlining the changes for 2010. If you have questions about coverage for a specific drug, call Medco at 1-800-592-4520.

### TVA's Supplement to Medicare Plan 2010 premiums

Your monthly premium for your Medicare Supplement Plan includes the Medicare Part D prescription benefit, as well as medical coverage. You will receive a letter in late October from TVA with your 2010 Medicare Supplement premium.

### New ID Card

All TVA Supplement to Medicare plan members will be sent a new, redesigned BlueCross BlueShield of Tennessee member ID card to their home before January.